



DAVIS COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION

22 South State Street, Clearfield, Utah 84015

Mailing Address: P.O. Box 618, Farmington, Utah 84025

801-525-5128, TDD 801-451-3228, Fax 801-525-5119

BODY ART FACILITY PERMIT APPLICATION

Please complete the following application and submit attachments as necessary to include all of the requested information. Failure to include any required information may delay the review process.

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE NUMBER(S): _____

BILLING ADDRESS: _____

CITY: _____ **ZIP:** _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE NUMBER(S): _____

HOURS OF OPERATION: _____

OPERATOR(S): Submit the following information as an attachment for anyone working at the facility:

Name, home address & phone number.

Proof of Bloodborne Pathogen Training

List of training and/or experience

FACILITY INFORMATION: Submit the following information as an attachment:

A floor plan showing dimensions, location of hand sink(s) and toilet(s), work area and equipment.

A finish schedule indicating the composition of the floor, ceiling and wall materials.

Description of the body art procedures performed.

Description of the sterilization procedures to be used.

The name, content and source of pigments, dye, and inks to be used.

The name and composition of all body art jewelry to be used.

An annual permit fee of \$50.00 must be paid prior to operation.

SIGNATURE OF APPLICANT: _____

DATE: _____

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Permit Fee: _____

Receipt #: _____

Plan Review Fee: _____

Receipt #: _____

Received By: _____

Date: _____